

branches of the portal vein, which then assumes a most unhealthy suppurative appearance along large portions of its course.

With regard to *treatment*, in cases where jaundice depends upon inflammatory action, it must always be decided antiphlogistic; but it is only where it presents itself under the more violent forms, that general bleeding need be employed. In other cases, cupping from the margin of the ribs, and (as soon as the bleeding is stopped) the assiduous application of poultices over the liver, will be most important remedies. The combination of calomel, antimony, and opium, must be occasionally administered; and antimonials must be combined with the purgatives, which, in the form of pills, should be given to act regularly on the bowels, and should be aided occasionally by the sulphate of magnesia and other saline purgatives; and, in many cases, the saline purgatives, alternated occasionally with mercurials, are sufficient to cure the disease. A free and uninterrupted action from the skin is most desirable; and to promote this more effectually, the warm-bath may be very advantageously employed; and the poultice, while it restrains the patient in bed, assists forcibly as a diaphoretic measure.

Under treatment of this kind, a very large proportion of cases are completely cured; and where the result is otherwise, it generally arises from some complication of diseases; most frequently from previous disorganization of the liver, or from neglect, on the part of the patient, in not applying for medical aid, or in not steadily pursuing the plan laid down, for it is not uncommon to find persons inclined to make light of an attack of jaundice, if the pain or inconvenience attending is not such as to prevent them altogether from pursuing their usual occupations. Nothing, however, can be more injudicious; and it is the duty of the practitioner to impress this upon his patient; for it can never be a matter of slight importance that either obstruction or inflammatory action should exist in the intimate structure of a secreting organ, and still less in an organ so delicately complex as the liver; and there is no reason to doubt, that although, even without treatment, an attack of this kind may pass off, the liver will be some time before it has completely recovered; and thus a tendency to relapse, or to a renewal of the complaint, may occasionally be observed, shewing itself at longer or shorter intervals throughout life, and terminating at length in the destruction of all the powers of the stomach, the ulceration of the colon, miserable emaciation, or universal dropsy.—*Guy's Hospital Reports*, No. III.

23. Cerebral Apoplexy of New-born Infants. By EVORY KENNEDY, M. D., Master of the Dublin Lying-in Hospital.—The apoplectic attack in new-born infants may be a simple primary affection, exhibiting, as we see in the following case, all the symptoms of an apoplectic seizure, as observed in the adult.

CASE I.—Primary or Simple Apoplexy. October 14th.—The child of C. W. enjoyed perfect health up to the sixth day from birth, when it refused the breast, and suddenly fell into a state of stupor, with laboured stertorous breathing. The pulse 60; face tumid and livid; bowels, &c. perfectly natural. One leech was immediately applied over the fontanelle, and another at the lower part of occiput; the spine was rubbed with volatile liniment, and the body immersed in a warm-bath, whilst the head was kept cool. The respiration became natural, and pulse rose to 120; shortly after the leeches fell off.

15th. Much better, in every respect; its sensibilities are sufficiently acute; but still cannot suck, not grasping or holding the nipple when introduced into the mouth. To be supplied with breast milk and a small quantity of wine whey through the day. This child continued improving, and was quite well on the 16th.

This case may be looked on in every respect as one of simple apoplexy; and it may be fairly inferred, that the train of symptoms depended upon mere congestion.

Apoplexy may be combined with inordinate or spastic action of the muscles of the face, trunk, or extremities, more or less complete or partial, a striking instance of which we have in the following case.

CASE II.—Apoplexy combined with Tonic Spasm. This child exhibited a tumour on the occiput, the effect of a twenty-nine hours' pressure in labour. A few hours after its birth it became insensible, its respiration laboured, and the muscles of the neck and lower extremities were spastically fixed, producing complete opis-

thotonos. The mæconium had been freely evacuated by castor oil; a leech was applied to the fontanelle, and two to the spine, and the child placed in the warm-bath; calomel exhibited in small and repeated doses, the spine rubbed with volatile liniment, and a turpentine injection administered. The sensibility gradually returned, the spasm subsided, and the child recovered.

The cerebral symptoms in the child are, in a large proportion of cases, merely secondary, and symptomatic of disease, or obstructed function in remote organs, as the annexed cases will illustrate.

CASE III.—Secondary Apoplexy. The child of B. C., a boy, had been suffering from its birth under biliary derangement, attended with yellow discoloration of skin, dark, unhealthy evacuations, and abdominal uneasiness, particularly in region of liver, for which he had been treated with mercury, purgatives, and turpentine enemata, the bowels acting freely. On the fifth day he fell into a state of stupor, attended with slow laboured respiration and suffused countenance; pulse eighty; pupils contracted and insensible. After lying in this state for about six hours, a fit of general convulsions ensued, when a leech was applied to the back of the head, and the spine and abdomen were rubbed with stimulating liniment; under this treatment he amended immediately, and left the hospital perfectly well on the eighth day.

This appeared to be a case of secondary cerebral disease, the apoplexy being consequent upon the biliary derangement. It was not, however, the less serious in its nature, from this circumstance, and required the same treatment to remove it as if it had been the original morbid state.

CASE IV.—Apoplexy from obstructed Respiration. A male child, seven days old, was found lying on his face, in which position he had been for some time, his mother thinking he was asleep. When taken up, he was in a state of stupor, countenance livid, respiration irregular; each inspiration was performed with a convulsive motion, the expiration was tardy and prolonged; heart beating slowly and faintly. Frictions, stimulating applications, ammonia, &c. were had recourse to, and after a short time respiration became gradually more frequent and regular, though still convulsive. A foetid enema with turpentine was thrown up. He now seemed much improved, the countenance becoming less livid, and he cried frequently. In an hour after, the respiration was observed again irregular and laboured; a similar mode of treatment was adopted, but not with the same success; dilute wine whey was administered by the mouth and rectum, with but partial good effect, as he never completely rallied, and he died in six hours.

Post-mortem Examination, sixteen hours after Death.—Body stiffened, lips livid, there was not much blood in the vessels or scalp, but on raising the bones a considerable quantity escaped. The veins on the surface of the brain were turgid, there was some transparent subarachnoid effusion. On making a section of the brain, a marked oozing of dark blood was observed on the incised surface, increased by making pressure. There was about half an ounce of fluid in the ventricles. The cerebellum presented a similarly congested appearance. The veins of the spinal marrow were also turgid. The lungs did not crepitate freely under the finger, and when cut into a quantity of black blood was poured out. The larynx was filled with reddish mucus. There was a small quantity of serum in the pericardium. The right side of the heart was filled with blood in a coagulated state; abdomen healthy.

CASE V.—Apoplexy from Interference with the Functions of the Thoracic Viscera. The child of M. F. was large but weakly on birth, when it was immersed in a warm-bath and the respiration established. In the course of four hours, however, it fell into a state of stupor, at first apparently sleeping, but at length it could not be roused; the surface of the body and nails becoming blue. The heart's action was not to be detected at the left side, but was perceptible at the right. It gradually became comatose, in which state it continued for some hours, and expired.

Post-mortem Examination.—On opening the thorax, the entire of the abdominal viscera, except the liver and right kidney, were found in the left thoracic cavity, having passed through an enlarged œsophageal opening. The heart and lungs were contained in the right thoracic cavity. The vessels of the brain and membranes were generally much congested, and there was a considerable quantity of serous fluid effused between the arachnoid and pia mater.

Even in those cases where the symptoms present leave us no reason to doubt that the cerebro-spinal system is markedly engaged, we rarely find lesions of the same nature, or to the same extent, in the new-born infant as in the adult, who exhibits a corresponding train of symptoms. Thus we have never met with blood effused into the corpus striatum or optic thalamus in the apoplexy of new-born infants. Where extravasation does occur, it is generally at the base or surface of the brain, and proves immediately fatal. In the majority even of fatal cases of this disease, the morbid appearances observed are merely turgescence of the veins and sinuses, with sanguineous oozing from the structure of the organ itself, and perhaps serous effusion underneath the arachnoid, at the base of the skull, in the ventricles or spinal cord. Little can be said on the treatment of these cases, further than that the success attending them will be found to depend upon combating the cerebral symptoms promptly, whether they constitute the original disease, or merely occur as consequent upon other morbid states.

Depletion to the extent practised would by some be objected to, whilst others would esteem it as not carried far enough to afford the necessary relief. This discrepancy to us appears (problematic as it may seem) to establish the accuracy of the plan adopted. It cannot be doubted that the objection of many practitioners to depletion, in these and similar cases, has arisen from its having been carried too far,* and been used too indiscriminately. A new-born infant will bear the application of one or two leeches with the happiest effect, in cases of congestion or inflammation, when three or four would prove fatal from the debility induced. In some cases the application of two leeches or even of one, is attended with palor of the countenance, quick pulse, and exhaustion almost approaching to syncope, and requiring the administration of stimulants, as wine whey, to restore the natural tone and energy of the vital powers.

Leeching is both the safest, easiest, and most effectual means of abstracting blood in new-born infants, after it becomes impossible to obtain it from the funis; and whatever some persons may assert to the reverse, experience has quite satisfied us, that without its assistance in the cases above treated of, the fatality would have been much increased. Case No. IV. is one in proof of this assertion; here depletion was withheld, and other means, as stimulants, &c., relied upon, under the impression that too much debility existed to admit of it, and yet this debility, as the result proved, was the effect of the congestion which would have been removed by depletion. In similar cases we have depleted, and followed the depletion with the administration of stimulants with the most marked benefit, nay, it has even been necessary in some to alternate the depletion and stimulation again and again, before the oppression and fictitious debility were removed, and the proper balance between the vital organs established.—*Dublin Journal*, January, 1837.

24. *Spinal Apoplexy of New-born Infants.* By EVORY KENNEDY, M. D.—Spinal diseases, the obscurity attending the diagnosis and investigation of which is so proverbial, have of late years attracted much attention. It is to be hoped that this impetus will be productive of satisfactory results in their elucidation, an attainment only to be arrived at by those who possess an opportunity of observing and tracing these cases, recording them accurately. We shall now give a few cases of these affections falling under our notice in the new-born infant; one of the most interesting of them is spinal apoplexy. That dependent on extravasation of blood into the spinal canal is a rare disease; several such, the result of injury, are on record; but its occurrence is not confined to these.†

Dr. Abercrombie records an interesting instance of this lesion, in which the blood was effused into the canal without the theca, in an infant six days old. The most striking symptoms in this case were the fixed state of the jaw, and difficulty of deglutition. Only one case has occurred to us in which this lesion was observable on dissection.

CASE VI.—This was one of trismus nascentium, and ran the usual course of that malady, proving fatal in about thirty hours from the commencement of the attack.

* See North on Convulsions, and Davis's Obstetric Medicine.

† See Cases reported by Drs. Bright, Chevalier, and Olivier.